

25971 Towne Centre Drive Foothill Ranch, CA 92610 (949) 460-5200 Fax (949) 460-5210

EFE 19 ATTI: 36

November 1, 2007

US EPA Region 2 Attn: Jack Hoyt 290 Broadway New York, NY 10007-1866

Subject: EPA Identification Number Cancellation Letter

EPA ID Number:

NYR000126565

Site Name:

BP PRODUCTS NORTH AMERICA INC. #25671

Site Address:

2350 Jerome Ave., Bronx, NY, 10468

Owner Information:

BP PRODUCTS NORTH AMERICA INC.

Attn: Mark Okamoto

P.O. Box 6038, Artesia, CA, 90702

Date of Deactivation: 08/29/2007

Mailing Address:

BP PRODUCTS NORTH AMERICA INC.

P.O. Box 80249, Rancho Santa Margarita, Ca, 92688

Please cancel EPA ID number NYR000126565, for the site listed above.

If you have any questions or need additional information, please call me at (949) 460-5200. I can also be contacted by e-mail at jackie@belshire.com.

Sincerely,

Jackie Dougherty



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/27/2004

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Res Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping mani for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with lon all applications for a Federal Hazardous Waste Permit; and other hazardous waste managemen reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000126565

INSTALLATION NAME: | B P PRODUCTS NORTH AMERICA INC #25671

INSTALLATION ADDRESS : 2350 JEROME AVE BRONX, NY 10468

MAILING ADDRESS : PO BOX 6038

ARTESIA, CA 90702-6038

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-3056

TO: B P PRODUCTS NORTH AMERICA INC #25671

or Current Occupant

ATTN: PAULA SKRYJA

PO BOX 6038

ARTESIA, CA, 90702-6038



2001 000		
OMB#: 2050-0175	Eynines 1	2/31/2003
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AGENCY, REGION II

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MAIL THE COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Pr	_	ncy RCRA	PROGRAMS IRANCH						
1. Reason for Submittal	Reason for Submittal:									
(See instructions on page 23)	☑ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).									
MARK CORRECT BOX(ES)	☐ To provide Subsequent Notification of Regulated	Waste Activi	ty (to update site identific	ation information).						
	☐ As a component of a First RCRA Hazardous Wa	ste Part A Pe	ermit Application.							
	☐ As a component of a Revised RCRA Hazardous	Waste Part	A Permit Application (Ame	endment #).						
	☐ As a component of the Hazardous Waste Report									
2. Site EPA ID Number (See instructions on page 24)	EPA ID Number: NYR 000 126 565									
3. Site Name (See instructions on page 24)	Name: BP Facility# 25671									
4. Site location	Street Address: 2350 JEROME AVE.									
Information (See instructions on page 24)	City, Town, or Village: BRONX	State: NY								
	County Name: BRONX	Zip Code: 10468								
5. Site land Type (See instructions on page 24)	Site land Type: ☑ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other									
6. North American Industry Classification System	A. 44711	В.								
(NAICS) Code(s) for the Site (See instructions on page 24)	C.	D.								
7. Site Mailing Address (See instructions on page	Street or P. O. Box: P.O. Box 6038									
25)	City, Town, or Village: Artiesia									
	State: CA									
	Country: USA	Zip Code: 90702-6038								
8. Site Contact Person (See	First Name: Paula	MI: Last Name: Skryja								
instructions on page 25)	Phone Number: (410) 551-6074	one Number: (410) 551-6074 Phone Number Extension: N/A								
9. Legal Owner and Operator of the Site (See instructions on pages 25 to	A. Name of Site's Legal Owner: BP Products North America Inc									
26)	Owner Type: ⊠ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other									
	B. Name of Site's Operator:	Date Became Operator (mm/dd/yyyy): 3/1/2002								

Operator Type: ⊠ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

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						EPA ID No.	· El	VIR	INME	NTAL	PROT	ECT	ΩN			
10.	10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 26 to 30)															
A. Hazardous Waste Activities 2004 JUL 29 PM 2: 49																
		f Hazardous Waste ly one of the following	three categories	s.)		or Items 2 thro	_	RC	RA	PRO	oly. GRA	rl5				
	 □ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or □ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or 					 2. Transporter of Hazardous Waste 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity. 										
						 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity. 5. Exempt Boiler and/or Industrial Furnace 										
	In addition,	indicate other generate	or activities. (Ma	rk all that apply)		_										
	d. United	States Importer of Haza	rdous Waste		☐ a. Small Quantity On-site Burner Exemption											
	☐ e. Mixed \	Waste (hazardous and r	adioactive) Gener	rator		☐ b. Smelting,	Melting	g, and	d Refir	ning Fu	rnace	Exemp	otion			
					☐ 6. l	Underground Ir	njectio	n Co	ntrol							
В. (Jniversal Waste	Activities			C. Us	ed Oil Activitie	s (Mai	rk all	boxes	s that :	apply.))				
		tity Handler of Univers			☐ b. Transfer Facility 2. Used Oil Processor and/or Re-refiner –Indicate											
	Indicate type	to your State regulations of universal waste g														
	site. (Mark a	all boxes that apply):														
			<u>Generate</u>	<u>Accumulate</u>												
	a. Batteries				Type(s)of Activity(ies)											
	b. Pesticides				a. Processor											
	c. Thermosta	ats			☐ b. Re-refiner											
	d. Lamps				☐ 3. Off-Specification Used Oil Burner											
	e. Other (spe	ecify)	_ 🗆		4	4. Used Oil Fuel Marketer -Indicate Type(s) of Activity(ies)										
	f. Other (spe	cify)	_ □		a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner								tion			
	g. Other (spe	cify)	_ 🗆										.			
				☐ b. Marketer Who First Claims the Used Oil Meets the Specifications									he			
2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.																
11.	Description of H	lazardous Wastes (See	instructions on	page 31)												
A. V	Vaste Codes for hem in the order t	Federally Regulated Home	azardous Wastes e regulations (e.g.	s. Please list the waste , D001, D003, F007, U	codes (112). Us	of the Federal h se an additional	azardo page i	ous w f mor	astes e spac	handle es are	d at yo	our site	. List			
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Control of the second				O	ИВ#: 2	2050-0	175 Ex	cpires 12/3	1/200	13
		****	EPA ID No.							
B . Waste Codes for State-Regulated (i.e., no Handled at your site. List them in the order	on-Federal) Hazardou	us Wastes. Please list th	e waste codes of	the St	ate-reg	julated	hazard	dous waste	es odes.	
Translated at your site. Elst them in the order	they are presented in	T I	aditional page in	2000				1		
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	*						441			
	3310						-			
12 Comments (See instructions on new 21)								1		
12. Comments (See instructions on page 31)										
				6-10-110						
1000										
13. Certification. I certify under penalty of law a system designed to assure that qualified perwho manage the system, or those persons direbelief, true, accurate, and complete. I am awar imprisonment for knowing violations. (See inst	sonnel properly gather ectly responsible for gate re that there are signifi	r and evaluate the inform athering the information, icant penalties for submit	ation submitted. I the information s	Based ubmitte	on my ed is, to	inquir the b	y of the est of n	person or ny knowled	perso	ons
Signature of owner, operator, or an authorized representative		Name and Official Ti		-		T A I		Date Si (mm/dd		
+ Pan S	Famb	Strite	COMPLI	ANCE	IMEN E SPE	CIAL	JIST	24/1	w 0	4
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